

PART B - FEE(S) TRANSMITTAL

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Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

31344 7590 06/04/2004

RATNERPRESTIA
P.O. BOX 1596
WILMINGTON, DE 19899



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Renee L. Sipple	(Depositor's name)
<i>Renee L. Sipple</i>	(Signature)
September 2, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/054,067	01/22/2002	Hellen Chaya Greenblatt	CV0110A	6138

TITLE OF INVENTION: ANTI-DIARRHEAL AND METHOD FOR USING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	09/07/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HINES, JANA A	1645	424-078010			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1_RatnerPrestia

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ARKION LIFE SCIENCES

WILMINGTON, DELAWARE

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee

A check in the amount of the fee(s) is enclosed.

Publication Fee

Payment by credit card. Form PTO-2038 is attached.

Advance Order - # of Copies 3

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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

9-2-04

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09/08/2004 MBERHE1 00000005 500929 10054067

01 FC:2501	665.00 DA
02 FC:1504	300.00 DA
03 FC:6001	9.00 DA

TRANSMIT THIS FORM WITH FEE(S)

O I P E
SEP 07 2004
PATENT & TRADEMARK OFFICE

PTO/SB/21 (04-04) (AW 06/2004)
Approved for use through 7/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

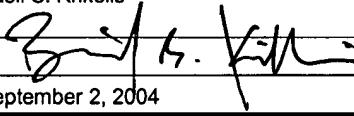
Total Number of Pages in This Submission

Application Number	10/054,067
Filing Date	January 22, 2002
First Named Inventor	Hellen Chaya Greenblatt
Art Unit	1645
Examiner Name	Hines, Jana A.
Attorney Docket No.	CV0110A

ENCLOSURES (Check all that apply)

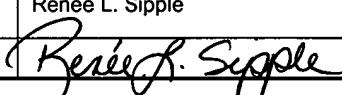
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Issue Fee Transmittal; Return Post Card
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s)		
<input type="checkbox"/> Extension of Time Request		
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<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name Signature	Basil S. Krikelis 	Registration No. (Attorney/Agent)	41,129
Date	September 2, 2004		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Typed or printed name	Renee L. Sipple		
Signature		Date	September 2, 2004

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SEP 07 2004
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FEE TRANSMITTAL

for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

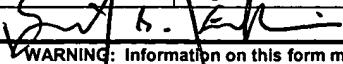
TOTAL AMOUNT OF PAYMENT (\$) 974.00

Complete if Known

Application Number	10/054,067
Filing Date	January 22, 2002
First Named Inventor	Hellen Chaya Greenblatt
Examiner Name	Hines, Jana A.
Art Unit	1645

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)				
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None									
<input checked="" type="checkbox"/> Deposit Account:									
Deposit Account Number		50-0929							
Deposit Account Name		Arkion Life Sciences LLC							
The Director is authorized to: (check all that apply)									
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.									
FEE CALCULATION									
1. BASIC FILING FEE									
Large Entity		Small Entity		Fee Description				Fee Paid	
Fee Code	Fee (\$)	Fee Code	Fee (\$)						
1001	770	2001	385	Utility filing fee					
1002	340	2002	170	Design filing fee					
1003	530	2003	265	Plant filing fee					
1004	770	2004	385	Reissue filing fee					
1005	160	2005	80	Provisional filing fee					
SUBTOTAL (1)					(\$) 0				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE									
Large Entity		Small Entity		Fee Description				Fee Paid	
Fee Code	Fee (\$)	Fee Code	Fee (\$)						
Total Claims	-20**	= 0	X 0	= 0					
Independent Claims	-3**	= 0	X 0	= 0					
Multiple Dependent			X 0	= 0					
SUBTOTAL (2)					(\$) 0				
Other fee (specify) Publication Fee and Fee for Advance Copies of Patent 309.00									
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 974.00									

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)	Basil S. Krikelis	Registration No. Attorney/Agent)	41,129	Telephone	(302) 778-2500		
Signature				Date	September 2, 2004		

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